



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**C3-18-1**

**Job Sheet 188477**



Part No: C3-18-1

Job Qty: 10 pcs

Part Name: Lifting Plate



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/10/19

Job Tracking No:

Due Date: 1/21/19

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG C3-18-1 Rev 4 IPP Rev A 18.04.02 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op<br>No | Operation           | Qty    | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier | Sign-off    |
|----------|---------------------|--------|------------|-------------|--------------|------------|---------------------|-------------|
|          |                     |        |            |             | Setup<br>Hrs | Run<br>Hrs |                     |             |
| 110      | Waterjet - Omax - 1 | 10 pcs | 1/21/19    | 1/21/19     | 0.00         | 1.00       | Waterjet - Omax     | ac 19/01/13 |
| 120      | QC 2                | 10 pcs | 1/21/19    | 1/21/19     | 0.00         | 0.00       | QC 2 - 1            |             |
|          |                     |        |            |             |              |            | QC 2 - 12           |             |
|          |                     |        |            |             |              |            | QC 2 - 14           |             |
|          |                     |        |            |             |              |            | QC 2 - 17           |             |
|          |                     |        |            |             |              |            | QC 2 - 19           |             |
|          |                     |        |            |             |              |            | QC 2 - 2            |             |
|          |                     |        |            |             |              |            | QC 2 - 20           |             |
|          |                     |        |            |             |              |            | QC 2 - 22           |             |
|          |                     |        |            |             |              |            | QC 2 - 23           |             |
|          |                     |        |            |             |              |            | QC 2 - 25           |             |
|          |                     |        |            |             |              |            | QC 2 - 32           |             |
|          |                     |        |            |             |              |            | QC 2 - 33           |             |
|          |                     |        |            |             |              |            | QC 2 - 35           |             |
|          |                     |        |            |             |              |            | QC 2 - 38           |             |
|          |                     |        |            |             |              |            | QC 2 - 39           |             |
|          |                     |        |            |             |              |            | QC 2 - 4            |             |
|          |                     |        |            |             |              |            | QC 2 - 40           |             |
|          |                     |        |            |             |              |            | QC 2 - 44           |             |
|          |                     |        |            |             |              |            | QC 2 - 45           |             |
|          |                     |        |            |             |              |            | QC 2 - 48           | ac 19/01/13 |
|          |                     |        |            |             |              |            | QC 2 - 49           |             |
|          |                     |        |            |             |              |            | QC 2 - 50           |             |
|          |                     |        |            |             |              |            | QC 2 - 51           |             |
|          |                     |        |            |             |              |            | QC 2 - 52           |             |
|          |                     |        |            |             |              |            | QC 2 - 54           |             |
|          |                     |        |            |             |              |            | QC 2 - 56           |             |
|          |                     |        |            |             |              |            | QC 2 - 57           |             |
|          |                     |        |            |             |              |            | QC 2 - 62           |             |
|          |                     |        |            |             |              |            | QC 2 - 63           |             |
|          |                     |        |            |             |              |            | QC 2 - 8            |             |
| 130      | QC 8                | 10 pcs | 1/21/19    | 1/21/19     | 0.00         | 0.00       | QC 8 - 12           |             |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                       |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                       |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval<br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                       |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | Completed By                                                                                          |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | Lead hand / Supervisor Approval Verification                                                          |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | QC / QA Coordinator Approval                                                                          |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                       |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                       |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                       |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                       |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                       |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                       |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                       |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                       |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                       |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                       |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                       |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                       |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                       |  |  |



|     |                             |        |         |              |                        |
|-----|-----------------------------|--------|---------|--------------|------------------------|
|     |                             |        |         | QC 8 - 14    |                        |
|     |                             |        |         | QC 8 - 17    |                        |
|     |                             |        |         | QC 8 - 20    |                        |
|     |                             |        |         | QC 8 - 25    |                        |
|     |                             |        |         | QC 8 - 3     |                        |
|     |                             |        |         | QC 8 - 32    |                        |
|     |                             |        |         | QC 8 - 33    |                        |
|     |                             |        |         | QC 8 - 35    |                        |
|     |                             |        |         | QC 8 - 38    | DAS<br>38              |
|     |                             |        |         | QC 8 - 39    | 9-89                   |
|     |                             |        |         | QC 8 - 4     |                        |
|     |                             |        |         | QC 8 - 44    |                        |
|     |                             |        |         | QC 8 - 45    |                        |
|     |                             |        |         | QC 8 - 49    |                        |
|     |                             |        |         | QC 8 - 58    |                        |
|     |                             |        |         | QC 8 - 8     |                        |
|     |                             |        |         | QC 8 - 9     |                        |
|     |                             |        |         | QC 8 - 68    |                        |
|     |                             |        |         | QC 8 - 67    |                        |
|     |                             |        |         | QC 8 - 1 (A) |                        |
| 140 | Packaging 3-1 - Stock - B4B | 10 pcs | 1/21/19 | 0.00 0.00    | Packaging 3 - 1 - B4B  |
|     |                             |        |         |              | Packaging 3 - 2 - B4B  |
|     |                             |        |         |              | Packaging 3 - 3 - B4B  |
|     |                             |        |         |              | Packaging 3 - 4 - B4B  |
|     |                             |        |         |              | Packaging 3 - 5 - B4B  |
|     |                             |        |         |              | Packaging 3 - 6 - B4B  |
|     |                             |        |         |              | Packaging 3 - 7 - B4B  |
|     |                             |        |         |              | Packaging 3 - 8 - B4B  |
|     |                             |        |         |              | Packaging 3 - 9 - B4B  |
|     |                             |        |         |              | Packaging 3 - 10 - B4B |
|     |                             |        |         |              | Packaging 3 - 11 - B4B |
|     |                             |        |         |              | Packaging 3 - 12 - B4B |
|     |                             |        |         |              | Packaging 3 - 13 - B4B |
|     |                             |        |         |              | Packaging 3 - 14 - B4B |
|     |                             |        |         |              | Packaging 3 - 15 - B4B |
|     |                             |        |         |              | Packaging 3 - 16 - B4B |
|     |                             |        |         |              | Packaging 3 - 17 - B4B |
|     |                             |        |         |              | Packaging 3 - 18 - B4B |
|     |                             |        |         |              | Packaging 3 - 19 - B4B |
|     |                             |        |         |              | Packaging 3 - 20 - B4B |
|     |                             |        |         |              | Packaging 3 - 21 - B4B |
|     |                             |        |         |              | Packaging 3 - 22 - B4B |
|     |                             |        |         |              | Packaging 3 - 23 - B4B |
|     |                             |        |         |              | Packaging 3 - 24 - B4B |
|     |                             |        |         |              | Packaging 3 - 25 - B4B |
|     |                             |        |         |              | Packaging 3 - 26 - B4B |
|     |                             |        |         |              | Packaging 3 - 27 - B4B |
|     |                             |        |         |              | Packaging 3 - 28 - B4B |
|     |                             |        |         |              | Packaging 3 - 29 - B4B |
|     |                             |        |         |              | Packaging 3 - 30 - B4B |
|     |                             |        |         |              | Packaging 3 - 31 - B4B |
|     |                             |        |         |              | Packaging 3 - 32 - B4B |
|     |                             |        |         |              | Packaging 3 - 33 - B4B |
|     |                             |        |         |              | Packaging 3 - 34 - B4B |
|     |                             |        |         |              | Packaging 3 - 35 - B4B |
|     |                             |        |         |              | Packaging 3 - 36 - B4B |
| 150 | QC 21 - SA                  | 10 pcs | 1/21/19 | 0.00 0.00    | QC 21 - SA - 21        |
|     |                             |        |         |              | QC 21 - SA - 70        |

Part Op 110 - 1-Cut as per Dwg Dwg Rev: 4 Prog Rev: 4 2-Deburr if necessary  
 Descriptions: 120 - QC2- Inspect parts off machine FAI/FAIB

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabelled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : <input type="checkbox"/> |                       |                                              |  |



130 - QC8- Inspect parts - second check

140 - Identify as per dwg & Stock Location: \_\_\_\_\_

150 - QC21- Final Inspection - Work Order Release

### Job BOM

| Part / Item | Component Name  | Quantity            | Operation               | Container |
|-------------|-----------------|---------------------|-------------------------|-----------|
| M4130NS.188 | 4130 Sheet .188 | 2.6600 sf (.266 ea) | 110-Waterjet - Omax - 1 |           |

### Job Allocations

| Operation               | Component Part | Required | Inventory | Allocated |
|-------------------------|----------------|----------|-----------|-----------|
| 110-Waterjet - Omax - 1 | M4130NS.188    | 3        | 4         | 0         |

### Part Specifications

Specifications could not be found.

Plex 1/10/19 8:57 AM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

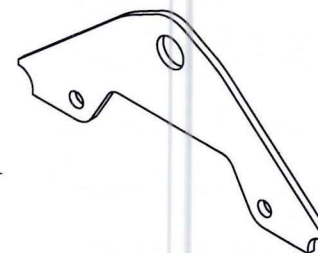
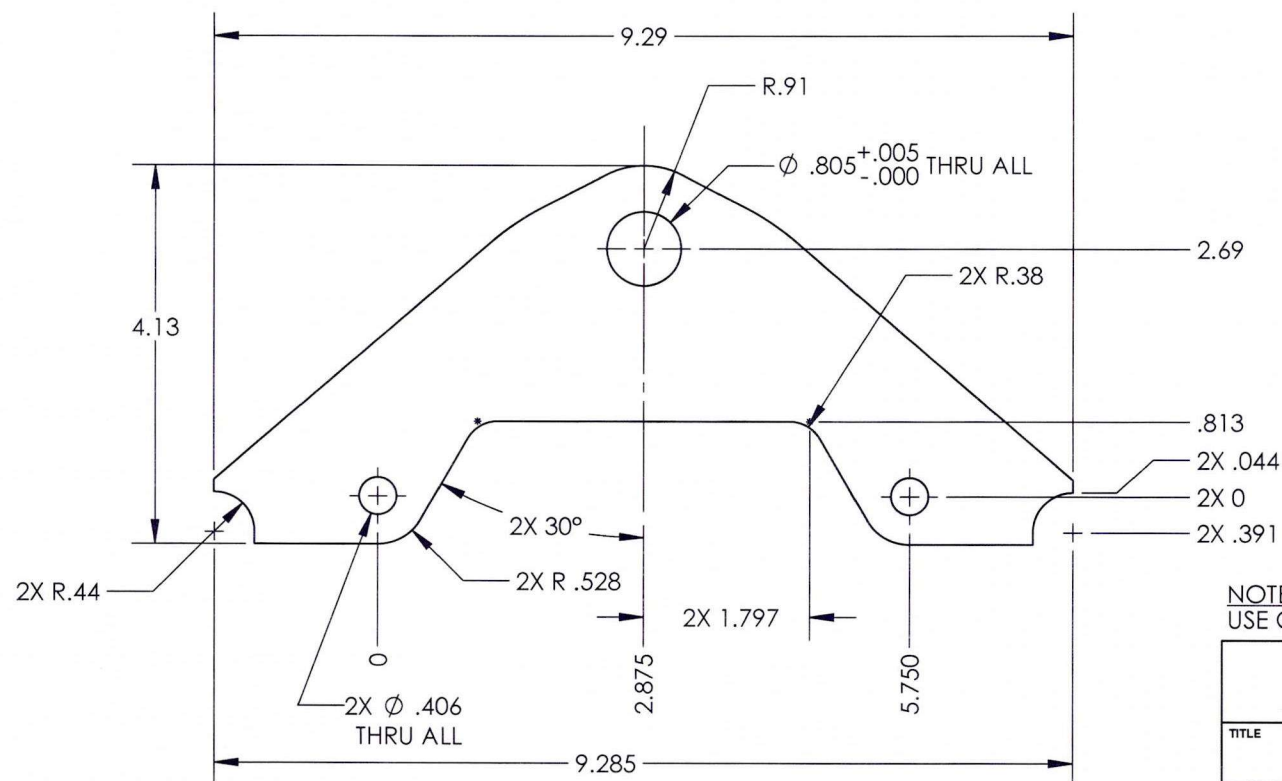
Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |





| REVISIONS |         |                                                                                                                                                                                                                                                                                                                                                                              |            |         |          |  |
|-----------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|----------|--|
| REV       | ECR     | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                  | DATE       | INITIAL | APPROVED |  |
| 2         |         | AS DRAWN PER CANAM                                                                                                                                                                                                                                                                                                                                                           | 8/8/2012   |         |          |  |
| 3         | 16-0229 | UPDATED TO NEW STANDARD, CH'D MAT'L FROM A36 P&O TO 1018/1020 CR. CH'D DIMS WAS 2X Ø.386 THRU ALL IS 2X Ø.406 THRU ALL, WAS 9.291 IS 9.29, WAS 2.692 IS 2.69, WAS 4.125 IS 4.13, WAS 1.188 IS .19, WAS 2X R.375 IS 2X R.38, WAS 2X R.435 IS 2X R.44, DELETED DIMS R3.000, 1.773, 1.768, 8.415, 2X .176, 2X .528, ADDED USE CAD DATA NOTE, CH'D DWG TO SHEET METAL TOLERANCE. | 11/21/2016 | DPD     | JAG      |  |
| 4         | 17-0175 | CH'D MAT'L WAS 1018/1020 CR IS A514.                                                                                                                                                                                                                                                                                                                                         | 7/17/2017  | RJC     | JAG      |  |



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SUBJECT TO AMENDMENT

WITHOUT NOTICE  
WORK ORDER

NO. 188477 MW  
1901-10

NOTE:  
USE CAD DATA

|                                                                                       |     |                                                  |            |
|---------------------------------------------------------------------------------------|-----|--------------------------------------------------|------------|
|  |     |                                                  |            |
| TITLE                                                                                 |     |                                                  |            |
| LIFTING PLATE                                                                         |     |                                                  |            |
| DWG NO.                                                                               |     |                                                  | REV<br>4   |
| C3-18-1                                                                               |     |                                                  |            |
| MAT'L A514                                                                            |     | UNLESS OTHERWISE SPECIFIED                       |            |
| HEAT TREAT                                                                            |     | DIMENSIONS ARE IN INCHES                         |            |
| FINISH                                                                                |     | .XXX ± .010 FRACTIONS ± 1/8                      |            |
| SPEC                                                                                  |     | .XX ± .03 ANGLES ± 1°                            |            |
|                                                                                       |     | .X ± .1 SURFACES = 125/√                         |            |
| DRAWN BY: CANAM                                                                       |     | 1. BREAK ALL SHARP EDGES<br>.015 x 45° OR .015R  |            |
| CHECKED: MACKOVJAK                                                                    |     | 2. DIMENSIONAL LIMITS APPLY<br>AFTER PLATING     |            |
| OPPS APPR: ANDERSON                                                                   |     | 3. INTERPRET DIM AND TOL PER<br>ASME Y14.5M-2009 |            |
| QA APPR: LINDSAY                                                                      |     | USED ON MODEL                                    |            |
| APPROVED: GILBERT                                                                     |     |                                                  |            |
| SCALE                                                                                 | 1:2 | DATE                                             | 11/30/2001 |
|                                                                                       |     | SHEET 1 OF 1                                     |            |



**DART**  
AEROSPACE

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Container No: S144716

Part: C3-18-1

Job No: 188477

Serial No/Batch: S144716

Revision: 4

Inspector:

Exp Date:

Instructions:

Date: 01/14/19